PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

| appropriate. All further indicated unless corrects maintenance fee notifica | correspondence including the below or directed other | g the l erwise | atent, advance of in Block 1, by (a | rders and notification a) specifying a new co | ofm | aintenance fees w condence address; | ill be and/o | mailed to the current r (b) indicating a sepa | correspondence address as | |
|---|---|--|--|---|-----------------------|---|-----------------|--|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
| ROTHWELL, FIGG, ERNST & MANBECK, P.C. 1425 K STREET, N.W. SUITE 800 | | | | | | hereby certify that this Foc(s) Transmission I hereby certify that this Foc(s) Transmital is being deposited with the United States Fostal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being flostimile transmitted to the USPTO (517) 27-2885, on the date indicated before | | | | |
| WASHINGTON | , DC 20005 | | | [| | | | | (Depositor's name) | |
| | | | | | | . (Signature) | | | | |
| | | | | | | | | | (Date) | |
| APPLICATION NO. FILING DATE | | | | FIRST NAMED INVENT | MED INVENTOR | | | RNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/517,517 | 12/13/2004 | · Erwin Demmel | | | r 2732-151 | | | 2732-151 | 7119 | |
| TITLE OF INVENTION | APPARATUS AND M | ЕТНО | D FOR PROCESS | ING BANK NOTES | | | | | | |
| | | | | | | | | | | |
| | • | | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | IS: | SUE FEE DUE | PUBLICATION FEE D | UE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | , NO | | \$1440 | \$300 | | \$0 | | \$1740 | 05/01/2008 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | | | | |
| LEE, SE | 2887 | 235-379000 | | | | | | | | |
| I. Change of correspondence address or indication of "Fee Address" (3 CFR 1.56s). Change of correspondence address (or Change of Correspondence Address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/12; Rev 03-02 or more recent) attached. Use of a Custom Number is required. | | | | | | | | | | |
| 3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI | ess an assignce is identi h in 37 CFR 3.11. Comp | TO B | E PRINTED ON slow, no assignce of this form is NO | THE PATENT (print o data will appear on th T a substitute for filing (B) RESIDENCE: (C | e pa an | itent. If an assign assignment. | | | ocument has been filed fo | |
| GIESECKE & DEVRIENT GMBH MUENCHEN, GERMANY | | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | | | | |
| 4a. The following fee(s) So Issue Fee O Publication Fee (N Advance Order | | th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (2021 215 | | | | | | | | |
| 5. Change In Entity Sta | tus (from status indicated | | | _ | | | | TITY status. See 37 C | | |
| NOTE: The Issue Fee an | | tired) y | vill not be accente | d from anyone other th | | | | | he assignee or other party i | |
| Authorized Signature | | | _ | Date 4-7-08 | | | | | | |
| Typed or printed name George R. Repper | | | | Date <u>4-7-08</u> Registration No. 31,414 | | | | | | |
| This collection of inform an application. Confiden submitting the complete | ation is required by 37 C tiality is governed by 35 I application form to the | FR 1.3 U.S.C USPT | 11. The informati 122 and 37 CFR O. Time will vary | on is required to obtain 1.14. This collection is depending upon the | or r s est ndiv | | | | d by the USPTO to process ng gathering, preparing, an me you require to complet | |

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandra, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.